DECLARATION REGARDING CONFIRMATION OF IDENTITY AND SOCIAL SECURITY NUMBER

In re	e: (Debtor's Name) Anna Marie Horstman						
	kruptcy Case No.						
Date	e of telephonic or video conference appearance at § 341(a) meeting of creditors:						
l dec	clare as follows:						
1)	My name is: Michael D. Ward, Attorney at law						
2)	(Print or type) My work address is:1800 JFK Blvd, Suite 300, Philadelphia PA 19103						
3)	My work telephone number is: () 267 304 8725 .						
4)	The address from where I participated in the § 341(a) meeting of creditors is: 1426 Lombard Street, Philadelphia, PA 19146						
5)	I personally verified the identity of the debtor by checking his/her original photo identification: X Driver's License (State & last 4 numbers) PA 8013 State Identification (State & last 4 numbes) Passport (Country, last 4 numbes, expiration date) Military Identification (Branch & ID last 4 numbers) Other (Describe)						
5)	I personally inspected the following original document as proof of the debtor's social security number and orally confirmed it with the standing trustee: X Social Security Card Social Security Administration Statement W-2 Form Recent Payroll Stub Employer's Health Card or Medical Insurance Card Other (specify)						
)	In accordance with 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.						

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Executed this _	22	_day of _	Octobe	er, 2021 , in	Philade	lphia, PA 19140
(Date)			(Month)	(Year)	(City)	(State)
Signature of Pe	erson \	/erifying l	dentity and	Social Social	rity Number	
Michael 1					nty Number	